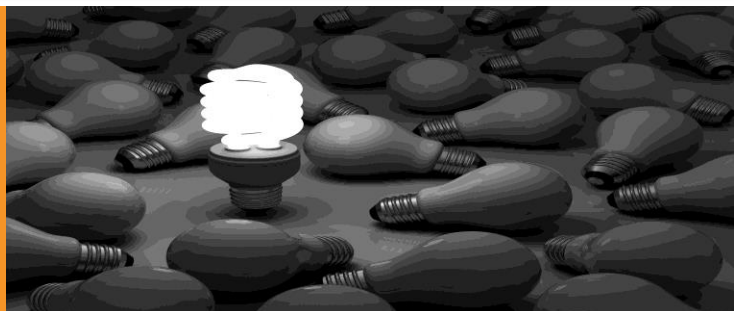


# Health Care Innovation Investment Program




The **Health Care Innovation Investment (HCII) Program** will foster innovation in health care payment and service delivery. HCII focuses patient-centered innovation on Massachusetts' most complex health care cost challenges through investment in partnerships to adapt and implement validated, emerging models.



In January 2016, the HPC announced the final design of the HCII Program and allocated \$5 million for its first round. HCII addresses eight persistent challenges for cost containment in the Commonwealth, and informs policy and program development to support sustainable reduction of health care cost growth.

- **DESIGN COMPONENTS:** The program has three central components: partnerships (applicants must engage in meaningful collaborations to meet patients' needs); sustainability (investments should bring promising delivery and payment innovations); and impact (investments must demonstrate rapid cost-savings impact, with measurable savings within 18 months of operations).
- **ELIGIBILITY:** Health Care Providers (including a broad array of provider-types) or Payers. Applicants must propose partners, which may span service types. For instance, a payer and a provider collaborating to test an innovative payment arrangement to implement a new model to support end of life care, or a provider, an employer, and a technology partner testing a model of direct-to-consumer telemedicine offerings to increase employee access to behavioral health services.
- **AWARD:** Applicants may apply for up to \$750,000 over 18 months to address one or more of eight challenge areas.


- **SELECTION CRITERIA:** Proposals will be evaluated based on impact (cost savings, quality, and access), service model evidence base, innovativeness (partnership, process, and tools), sustainability, and operational feasibility.



Estimated 8-12 awards of up to \$750,000. Range of award sizes.



1. Social needs of high-risk/high-cost patients
2. Behavioral health care (including substance use disorders)
3. Value-informed choices by purchasers
4. Value-informed choices by providers
5. Cost-variation in hip-knee replacements and other episodes of care
6. Reduce over-utilization of post-acute settings
7. Improve end of life and advanced care planning
8. Expand site and scope of care for paramedical and medical providers



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